

California Resident Income Tax Return 2001

FORM

540A

Step 1

Place
label here
or printName
and
Address

Your first name

Initial

Last name

If joint return, spouse's first name

Initial

Last name

Present home address — number and street, PO Box, or rural route

Apt. no.

PMB no.

City, town, or post office

State

ZIP Code

Step 1a

SSN

Your social security number

Spouse's social security number

IMPORTANT:Your social security number
is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one spouse had income)
- 3 ☐ Married filing separate return. Enter spouse's social security number above and full name here _____
- 4 ☐ Head of household (with qualifying person). STOP. See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 3

Exemptions

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2

in the box. If you filled in the circle on line 6, see instructions

7 ☐ X \$79 = \$

- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2

8 ☐ X \$79 = \$

- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2

9 ☐ X \$79 = \$

- 10 Add line 7 through line 9. These are your total exemptions before dependent exemptions

10 **Total** \$

- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.

Total dependent exemptions ● 11 ☐ X \$247 = \$

Step 4

Taxable
Income and
California
Income
AdjustmentsAttach check or
money order here.Standard
DeductionSingle or
Married
filing
separate,
\$2,960.Married filing
joint,
Head of
household, or
Qualifying
widow(er),
\$5,920.

- 12 a State wages from your Form(s) W-2, box 16 ● 12a

- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4;
Form 1040A, line 19; or Form 1040, line 33

12b

- 13 **California Income Adjustments.** See instructions for line 13a through line 13f.

- a State income tax refund

13a

- b Unemployment compensation

13b

- c Social security or railroad retirement

13c

- d California nontaxable interest or dividend income

13d

- e California IRA distributions

13e

- f California pensions and annuities

13f

- g Total California income adjustments. Add line 13a through line 13f

13g

- 14 Subtract line 13g from line 12b. This is your California adjusted gross income.

See instructions

14

- 15 Enter the larger of your California **Itemized deductions** or **Standard deduction**

(see instructions). If line 6 is filled in, see instructions

15

- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0-

16

Step 5

Tax and
CreditsAttach copy of your
Form(s) W-2, and
W-2G.
Also, attach any
Form(s) 1099
showing California
tax withheld.

- 17 Tax. Fill in the circle if from: ☐ Tax Table ☐ Tax Rate Schedule

17

- 18 Exemption credits. If line 12b is more than \$130,831

see instructions. Otherwise, add line 10 and line 11

18

- 19 Nonrefundable renter's credit. See instructions

19

- 20 Total credits. Add line 18 and line 19

20

- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0-

23

Step 6**Overpaid
Tax or
Tax Due**

24 Enter the amount from Side 1, line 23 24

25 California income tax withheld. See instructions ■ 25

26 2001 California estimated tax and payment with
form FTB 3519 and amount applied from 2000 return ■ 26

27 Excess SDI. See instructions ■ 27

Child and Dependent Care Expenses Credit. See instructions.
Attach form FTB 3506.

● 28

● 29

■ 30

■ 31

32 Total payments and credits. Add line 25, line 26, line 27, and line 31 32

33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 33

34 Enter the amount of line 33 you want applied to your 2002 estimated tax ■ 34

35 Overpaid tax available this year. Subtract line 34 from line 33 ■ 35

36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24 36

Step 7**Contributions**

CA Seniors Special Fund.

See instructions ● 51 00

Alzheimer's Disease/Related

Disorders Fund ● 52 00

CA Fund for Senior Citizens ● 53 00

Rare and Endangered Species

Preservation Program ● 54 00

State Children's Trust Fund for the

Prevention of Child Abuse ● 55 00

CA Breast Cancer Research Fund .. ● 56 00

CA Firefighters' Memorial Fund ... ● 57 00

Emergency Food Assistance

Program Fund ● 58 00

CA Peace Officer Memorial

Foundation Fund ● 59 00

Lupus Foundation of America,

California Chapters Fund ● 60 00

37 Total contributions. Add all contributions shown above, enter the total here ● 37

Step 8**Refund or
Amount
You Owe**

38 REFUND or NO AMOUNT DUE. Subtract line 37 from line 35.

Enter the result here. See instructions. Mail to: FRANCHISE TAX BOARD,
PO BOX 942840, SACRAMENTO CA 94240-0002 ■ 38

39 AMOUNT YOU OWE Add line 36 and line 37. See instructions. Mail to:

FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ■ 39

40 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ■ 40

41 If you do not need California income tax forms mailed to you next year, fill in this circle .. ● 41 ○

**Direct
Deposit
(Refund
Only)**

Do not attach a voided check or a deposit slip.

Fill in the boxes to have your refund directly deposited. Routing number → ●

Account type:

Checking ● ☐Savings ● ☐

Account

number → ●

Step 9**Sign Here**It is unlawful to
forge a spouse's
signature.Joint return?
See instructions.

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. 9

Your signature

Spouse's signature (if filing joint, both must sign)

Daytime phone number

() +

Date

X

X

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN